

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>DL</i>		<i>2-10-01</i>
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>DL</i>	<i>S35</i>	<i>08-30-01</i>
<b>RESPONSE FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓		
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30	N	N	
31			
32			
33			
34			
35			
36	N	N	
37	✓	✓	
38	✓		
39	✓		
40	✓		
41	✓		
42			
43			
44			
45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56			
57			
58	✓	✓	
59	N	✓	
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67	N		
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73			
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76	N	N	
77	✓	✓	
78			
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81	✓	✓	
82	✓	✓	
83	✓	✓	
84	✓	✓	
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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